



## MEDICAL AFFIDAVIT

In compliance with statute 333.2831(c) of the Michigan Compiled Laws, I certify that sex-reassignment surgery has been performed on the individual listed below.

Patient's Name (please print): \_\_\_\_\_  
(Current Full Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

New Name (please print): \_\_\_\_\_  
(New Name to be on Birth Certificate, if applicable)

I am the attending physician of the patient named above, with whom I have a doctor/patient relationship. The individual named above has had appropriate surgical procedures completed for gender transition to the new gender of ☐ female.  
☐ male.

I declare that the foregoing is true and correct\*.

Physician's Full Name (please print): \_\_\_\_\_

Medical License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Drug Enforcement Administration (DEA) Registration Number: \_\_\_\_\_

Specialty: ☐ Internist ☐ Endocrinologist ☐ Gynecologist  
☐ Urologist ☐ Psychiatrist ☐ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Statement:

Signed and sworn before me on the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_.

Notary in \_\_\_\_\_ County, State of \_\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary

\* Supplying false information to be used in the preparation of a vital record is prohibited by Michigan law (MCL 333.2894)